

NOTICE TO LOCK INSTALLER:

FOR EACH LOCK INSTALLED FILL OUT THE TOP HALF OF THIS FORM AND RETURN TO THE SITE SECURITY OFFICER ALONG WITH ENCLOSED ENVELOPE

Please Print or Type All Information

Container Manufacturer (Check One)

<input type="checkbox"/> Armor	<input type="checkbox"/> Hamilton Products Group	<input type="checkbox"/> Herring-Hall-Marvin	<input type="checkbox"/> Mosler	<input type="checkbox"/> Le Febure
<input type="checkbox"/> Art Metal USA	<input type="checkbox"/> Diebold	<input type="checkbox"/> Hillside	<input type="checkbox"/> Overly	<input type="checkbox"/> Schwab

Container Type (Check One)

<input type="checkbox"/> Security Filing Cabinet	<input type="checkbox"/> Map and Plan File	<input type="checkbox"/> Pedestrian Door	<input type="checkbox"/> Vault Door	<input type="checkbox"/> Other(Describe):
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Lock Installation Information

Installer Last Name:		First Name:		MI:
Telephone:		Fax:		Installation Date:
Lock Warranty Expiration Date:		Lock Serial Number (Located inside the lock cover):		
Remarks (Explain any problems or comments here):				

NOTICE TO SITE SECURITY OFFICER:

FILL OUT THE BOTTOM PORTION OF THIS FORM AND RETURN ENTIRE FORM USING THE ENCLOSED ENVELOPE OR FAX TO THE DOD LOCK PROGRAM AT 1-800 353-4193 OR (805) 982-1253 OR DSN 551-1253

Please Print or Type All Information

Activity (If free issue, match name on Lock Requirement Report)

Activity Name:			
DoD Activity Address Code (DODAAC) or Facility Code:		Department or Agency(Army, Navy, DOE, Contractor, etc):	
Address:			
City, APO or FPO:	State, AA, AE or AP:	Zip or Postal Code:	Country:
Free Lock Issue? Yes <input type="checkbox"/> No <input type="checkbox"/>		Document Number:	

Site Security Officer

Last Name:		First Name:		MI:
Address:				
City, APO or FPO:	State, AA, AE or AP:	Zip or Postal Code:	Country:	
Telephone:	DSN Telephone (If Applicable):	Fax:	DSN Fax (If Applicable):	
E-Mail Address:				

For assistance please call the DOD Lock Program Hotline DSN 551-1212, Commercial (805) 982-1212